

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**10/009815**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		2				
5		3				
6		3				
7		3				
8		3				
9		3				
10		3				
11	1					
12	1					
13		1				
14		2				
15		3				
16		3				
17		3				
18		3				
19		3				
20	1					
21		1				
22		2				
23		3				
24		3				
25		3				
26		3				
27		3				
28	1					
29		1				
30		1				
31		1				
32		1				
33		1				
34		3				
35		3				
36		3				
37		3				
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41		3				
42		3				
43		3				
44	1					
45		3				
46		3				
47		1				
48		1				
49		3				
50		3				
TOTAL						
TOTAL						
TOTAL						
CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		1				
53		1				
54		3				
55		3				
56	1					
57		1				
58	1					
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